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Draft country programme document****Comoros***Summary*

The draft country programme document (CPD) for Comoros is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$5,155,000 from regular resources, subject to the availability of funds, and of \$15,730,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted, along with the matrix results, on the UNICEF website no later than six weeks after discussion of the CPD at the 2014 annual Executive Board session. The revised draft will then be submitted to the Executive Board for approval at its second regular session of 2014.



Basic data^a	
<i>(2012 unless otherwise stated)</i>	
Child population (millions, under 18 years, male/female)	0.2/0.2
U5MR (per 1,000 live births)	78
Underweight (per cent, U5, moderate and severe)	15
(per cent, male/female, urban/rural, poorer/richer)	15/16, 12/17, 20/9
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	280 ^a
Use of improved drinking water sources (per cent, 2010)	95
Use of improved sanitation facilities (per cent, 2010)	35
One-year-olds immunized against DPT3 (per cent)	86
One-year-olds immunized against measles (per cent)	85
Primary schooling/regular attendance (per cent, net, male/female, 2010)	86/80
Primary schoolchildren reaching last grade (per cent, male/female, 2010)	55
Adult HIV prevalence rate (per cent, 15-49 years, male/female)	2.9/1.2
HIV prevalence among pregnant women (per cent)	..
Child labour (per cent, 5-14 years old, male/female, 2000)	26/28
Birth registration (per cent, under 5 years old, 2000)	88
(per cent, male/female, urban/rural, poorer/richer)	88/88, 90/87, 76/96
GNI per capita (US\$)	840

^a More comprehensive data on children and women, as well as methodological notes regarding estimates, are also available on the site www.childinfo.org.

^a The figure in the table above is the adjusted maternal mortality ratio calculated by the United Nations Interagency Panel for the estimation of maternal mortality. The estimate reported for the country is 380 deaths per 100,000 live births in 2003, as shown in the General Census of Population and Housing (RGPH) 2005.

Summary of the situation of children and women

1. Comoros consists of four islands situated in the mouth of the Mozambique Channel – Grande Comore (Ngazidja), Anjouan (Ndzouani), Mohéli (Mwali) and Mayotte (Maore) – the last of which has been under French administration since Comoros gained independence in 1975. With a population of about 745,000, the country's surface area is about 1,861 square kilometres (km²) – not including Mayotte – with a high population density of up to 575 inhabitants per km² on Anjouan. The political situation has been relatively stable since 2006, after a long period of political tension between the three autonomous islands. In 2011 the economic growth rate was 3 per cent, exceeding population growth for the first time. The country is exposed to natural disasters, particularly cyclones, floods and the constant threat from the volcano Le Khartala.

2. Comoros is a low-income country with a gross domestic product (GDP) of \$680 per inhabitant. In 2010, private transfers originating in the Comorian diaspora (\$117 million) accounted for 24 per cent of GDP. In 2013 the country was ranked 169th out of 186 countries on the Human Development Index (HDI), with a high poverty

incidence rate (37 per cent), rising to 79 per cent in rural areas. The point of completion of Comoros' debt, in the framework of the Heavily Indebted Poor Countries (HIPC) Initiative, was approved in 2012, thus enabling the country to invest more in the social sector.

3. According to the 2013 national report on the Millennium Development Goals, the targets relating to universal primary education, elimination of gender disparities in teaching, reduction of infant and child and maternal mortality, access to treatment for HIV/AIDS and combating malaria and other serious diseases could be achieved by 2015. On the other hand, the goals relating to the elimination of extreme poverty and hunger, empowerment of women, safeguarding the environment and development of a global partnership are distinctly behind schedule.

4. Over the past 20 years, the under-five mortality rate (U5MR) has fallen by more than half, from 122 per 1,000 in 1990 to 50 per 1,000 in 2012. According to the 2012 Demographic and Health Survey and the Multiple Indicator Cluster Survey (EDS-MICS), 30 per cent of children under 5 years of age suffer from chronic malnutrition, 11 per cent from acute malnutrition (including nearly 4 per cent in its severe form), and 16 per cent from underweight. The prevalence of chronic malnutrition varies from 23 per cent on Mohéli [Mwali] and Ngazidja to 35 per cent on Ndzouani. As regards vaccination, the 2012 EDS-MICS shows that 85 per cent of children have received the BCG, 71 per cent the third booster dose of the pentavalent vaccine and 63 per cent the vaccine against measles. Only 12 per cent of the population have access to safe drinking water, while 71 per cent of the population have access to an improved source and 37 per cent to hygiene and sanitation facilities consistent with international standards.

5. Recourse to health services is negatively affected by the high cost of medicines and service provision, limited access, shortages of qualified health-care professionals, inadequate distribution of staff and low uptake by communities. These factors are aggravated by the persistence of sociocultural beliefs, particularly concerning the treatment of children in the home, poor nutritional practices and stigma related to HIV/AIDS. Unfortunately, the share of the State budget allocated to health is less than 5 per cent, i.e., well below the standard 15 per cent recommended in the Abuja Declaration. In 2013 the country adopted a national strategy on water and sanitation, which now needs to be implemented. It also has a national policy on nutrition and food, which will be implemented through a cross-sectoral plan.

6. The net school enrolment rate saw a major increase between 1999 and 2011, from 67 per cent to 79 per cent. However, more than one child in three (37 per cent) does not complete the primary cycle, fewer than one child in two goes on to secondary schooling (47 per cent transition), and the grade repetition rate is estimated to be 29 per cent. Furthermore, the law providing that the mother tongue, Shikomori, must be one of the teaching languages at primary school is not applied, for want of teaching aids. The low level of qualification of teachers and the shortage of suitable school textbooks have a negative effect on pupils' learning outcomes. Political and budgetary tools are available, but their evaluation is too uneven to ensure coherent implementation of education policy. Almost the whole of the State budget allocated to education (20 per cent) is used for staff pay.

7. According to the 2012 EDS-MICS, nearly 14 per cent of children (girls and boys) aged 15 to 19 have undergone physical or sexual violence. The Comorian Family Code fixes the legal age of marriage at 18 years. In practice this provision is

not always observed. Thus, almost 16 per cent of girls aged 15 to 17 are affected by this situation. The Labour Code in Comoros forbids the worst forms of child labour. However, because of their social upbringing, almost a third of children aged 5 to 14 take part in agricultural and/or domestic activities.

8. Child protection in Comoros has to contend with the Government's limited capacity (in structures and human and financial resources) to guarantee children's rights in general. Certain attitudes, customs and practices that are harmful to children (in particular, early marriage and child placement) persist in Comorian society. Essential prevention, rehabilitation and reintegration services for vulnerable children are in the formative stage, disorganized and lacking in human resources and materials. A policy of legislative reform for better child safeguarding is in progress.

Key results and lessons learned from previous cooperation, 2008-2014

(a) Key results achieved

9. Thanks to the efforts with regard to vaccination, the country was certified by the World Health Organization (WHO) in 2009 as having eradicated maternal and neonatal tetanus. Measles is under control and no deaths or epidemics related to this disease have been reported over the past five years. Sixty-one per cent of children under 5 years of age and 65 per cent of pregnant women sleep under insecticide-treated mosquito nets. The incidence of malaria has fallen from 33 per cent in 1996 to 9 per cent in 2012, thanks to the national anti-malaria programme and the combination of several strategies supported by the Global Fund, Chinese Cooperation, UNICEF, WHO and other partners. UNICEF has played an active role in the prevention of malaria among pregnant women, in particular by distributing sulfadoxine pyrimethamine and insecticide-treated mosquito nets, providing technical support and helping mobilize resources from the Global Fund.

10. The reach of pre-school education has increased from 4 per cent to 14 per cent between 2008 and 2013, thanks to the renovated Koranic teaching (ECR) strategy and the opening of ECR classes in public primary schools, which enabled young children, particularly those in rural areas, to have equitable access to education. During the same period, the enrolment rate into the first year of primary school increased from 35 per cent to 60 per cent. The success rate in the end of primary school examination improved from 30 per cent to 70 per cent at the national level. This improvement is related to the adoption of a new child-centred assessment method based on [...] criteria. With technical and financial support from, and coordinated by, UNICEF, an Interim Plan for Education for the period 2013-2015 is in the process of being implemented, culminating in the admission of Comoros into the Global Partnership for Education.

11. Thanks to the reimbursement of legal and medical expenses for children victims of violence, the number of children receiving counselling services on Anjouan, Mohéli and Grande Comore has increased considerably, with an average of 500 cases per year. Committees for vulnerable children have helped to enhance safeguarding of children exposed to violence in the family or the community in the 16 administrative regions. Access to justice has improved owing to institutional capacity-building and increased participation by magistrates, lawyers, judicial

police officers, registrars, teachers and doctors, and to the building of new law courts on Mohéli and a new courtroom at Moroni.

(b) Lessons to be learned

12. Outreach to target populations (pregnant women and children under 5 years of age) has enabled improved coverage of high-impact health interventions. That presupposes a sound knowledge of such populations and their whereabouts. Strengthening outreach and active locating of targets in all areas have enabled outcomes and profitability to be improved.

13. The innovative strategy of introducing ECR classes into primary schools has strengthened the confidence of parents and other members of the community in education and enabled children to be enrolled at the required age. This strong commitment of parents to ECR, brings political stakeholders and elected officials to focus more heavily on education. The Government has adopted ECR as [standard] nursery teaching and is preparing to extend it to all primary schools.

14. Implementation of the Cooperation Programme between UNICEF and the Comorian Government faces logistical challenges due to the irregularity of inter-island transport. Air access is expensive and not predictable, and the duration of the crossing aboard the few launches approved by the United Nations system (SNU) is prohibitive. With the adoption of the harmonized approach to cash transfers (HACT) by SNU in Comoros, UNICEF and the Government will have to improve planning for field visits.

Country programme, 2015-2019

(a) Summary budget table

Programme component	(Thousands of United States dollars)		
	Regular resources	Other resources	Total
Survival and development	2 145	4 500	6 645
Education	730	8 800	9 530
Safeguarding and inclusion	1 500	1 000	2 500
Cross-sectoral costs	780	1 430	2 210
Total	5 155	15 730	20 885

(b) Preparation process

15. In a letter dated 3 September 2013 and addressed to the Resident Coordinator of the United Nations system, the Minister of Foreign Affairs of Comoros requested the support of the United Nations Population Fund (UNFPA), UNICEF and the United Nations Development Programme (UNDP) in developing their respective cooperation programmes and the United Nations Development Assistance Framework (UNDAF) for the period 2015-2019. A first consultation with the central authorities took place in October 2013 with a view to identifying areas of work for the new programme. In December 2013, the results of these consultations were presented and discussed with eight counsellors from the UNICEF Regional Office in Comoros before the outlines of the new programme were discussed during a

meeting organized by the Planning Commission, consisting of UNICEF Comoros and the governmental partners from the central administration and the three islands. The software analysis results were progressively aligned to the priorities of UNDAF and the Strategy for Accelerated Growth and Sustainable Development (SCA2D) for the period 2015-2019. The country programme document resulting from these consultations was validated in February 2014 at a national workshop organized by the Planning Commission. The Council of Ministers held on 26 February 2014 examined and validated the programme document.

(c) Programme results and strategies

16. The ultimate goal of this 2015-2019 cooperation programme is to support the Government of Comoros to enable children's rights to survival, development, education, safeguarding and social inclusion to be equitably achieved, including in humanitarian situations. To reinforce the implementation and impact of the cooperation programme whose outcomes and interventions are described below, UNICEF will draw on a limited number of targeted strategies.

17. Capacity-building at local community level will rely on Communication for Development (C4D) to put an end to harmful social practices and to stimulate demand for relevant services. The cooperation programme will ensure constant advocacy and dialogue with Government authorities, a privileged channel to promote equity in achieving children's rights. An in-depth analysis of children's vulnerability in terms of malnutrition, dropping out of school and child abuse will provide the Government with support in developing and implementing social safeguarding policies and programmes for the most disadvantaged families.

18. UNICEF action in the fields of national capacity-building and data protection for deciders will draw on partnerships with United Nations agencies, national and international non-governmental organizations, civil society, academic institutions and other development stakeholders. International initiatives (A Promise Renewed (APR), Scaling Up Nutrition (SUN), REACH Partnership, aiming to eradicate hunger and malnutrition among children, Global Alliance for Vaccines and Immunization (GAVI)), enabling alliances to be formed with a view to mobilizing resources, will also serve as a partnership platform for the programmes. South-South exchanges will allow experiences to be shared with other countries for the streamlining of approaches to the new cooperation programme.

19. In collaboration with other development partners, UNICEF will support humanitarian emergency preparation and interventions. Considering the difficulties in liaison between the islands, stocks will be built up on each of them to allow a rapid and targeted response in case of need.

(i) Child survival and development

20. This component is in keeping with the dual goals of: (a) mothers, newborn babies and children, particularly the most disadvantaged, having equitable access to high-impact, high-quality responses aimed at ensuring their survival and development, including in humanitarian crisis situations; and (b) pregnant and lactating women and children under 5 years of age having access to and using equitably and on a permanent basis public and community structures for prevention and treatment of malnutrition, including in humanitarian crisis situations.

21. In the framework of the sub-component "Health and HIV/AIDS", UNICEF will support development and implementation of policies and strategies (including the national community health strategy) as well as developing regulative texts for the new Health Code. It will maintain financial, technical and logistical support for the enlarged vaccination programme through strengthening of the cold chain, supply of vaccines, introduction of new vaccines (inactivated vaccine against poliomyelitis and vaccines against the human papillomavirus (HPV), pneumococcus and rotavirus). In collaboration with UNFPA and WHO, UNICEF will continue to support enhancement of the quality of antenatal consultations, childbirth conditions and reimbursement of medical expenses for newborn babies.

22. To strengthen planning and budgeting for high-impact medical interventions, emphasis will be placed on management and planning training for district management teams. The health system's accountability will be strengthened through gradual introduction of results-based management, in a medium-term expenditure framework (MTEF), and assessment of the impact on equity in the health sector. UNICEF will work with the Government and partners to reduce the prevalence of HIV/AIDS or to keep it at its current level, which is very low (0.025 per cent). Constant support will be given to campaigns to eliminate mother-to-child transmission of HIV. Equipping centres for the prevention of mother-to-child transmission of HIV (PMTCT), training service providers and extension of anonymous advice and screening services will strengthen the fight against sexually transmitted infections (STIs) and HIV.

23. The sub-component "Nutrition and WASH (Water, Sanitation and Hygiene)" will attend in particular to screening and reimbursement of medical expenses for malnourished children; promotion, safeguarding and counselling with regard to breastfeeding and complementary feeding for parents of children under 2 years of age. Vitamin A supplementation and biannual deworming of children from 6 to 59 months will be made systematic, along with distribution of micronutrients to pregnant women. The goal in respect of water, sanitation and hygiene will be to guarantee women and children, particularly the most disadvantaged, equitable access to drinking water and to a salubrious environment and to encourage them to adopt better practices with regard to sanitation and hygiene.

(ii) *Education*

24. The goals of the programme's "Education" component will be: (a) children under 5 years of age will have medical expenses fully reimbursed and will be prepared for primary schooling; and (b) all children will receive and complete high-quality inclusive education focussing on equity and learning achievement.

25. To ensure harmonious development of children under 5 years of age, parents will be trained and instructed in how to sustain the whole of the child's development in the convergence zones, with the backing of a cross-sectoral coordination framework, including health, safeguarding and education interventions, in partnership with local authorities and grass-roots structures. Preparation for primary schooling will result from the extension of the renovated Koranic teaching (ECR), particularly in areas where school enrolment is low. It will involve, among other things, raising awareness of local authorities and communities as to their [level of] implication, buy-in and accountability in the framework of ECR, adaptation and distribution of textbooks, and capacity-building of training and managerial staff.

26. Children's equality of access to primary education will be enhanced, particularly for those suffering from a disability. The capabilities of educational stakeholders and communities will be strengthened to better prepare them for providing children with continual basic education, especially in humanitarian crisis situations. The quality of teaching and apprenticeship and the school retention rate will be enhanced. UNICEF will support the Government to ensure the availability of teaching and educational materials, particularly in the poorest areas. This support will extend to both producing and distributing textbooks suitable for the school curricula.

27. Particular attention will be devoted to improving the management of schools and the piloting of the educational system. UNICEF will support the Government in strengthening the statistical information system for education and assessment of implementation policies. The operational capabilities of the coordination structures will be improved. Design and development of a construction template for a "child-friendly school" will be a priority. UNICEF will contribute technical support for the revision of the educational regulations, in order to adapt them to the evolved system.

(iii) *Safeguarding and inclusion*

28. This component corresponds to a dual goal: (a) vulnerable children and children who are victims of exploitation, trafficking, violence or harmful practices will be identified and safeguarded through holistic interventions and policies that are fair and suited to their needs, including in humanitarian crisis situations; and (b) children who are victims of exclusion will benefit from evidence-based policies and programmes.

29. A programme of reform will be implemented with regard to statutory texts concerning child safeguarding. The role of family safeguarding and basic grass-roots arrangements will be strengthened through selecting temporary foster families for children who are abandoned or victims of violence, formalizing their role and developing the capacities (human, institutional and logistical) of committees for vulnerable children. To ensure access to exhaustive, high-quality safeguarding services, UNICEF will support setting up courts of minor jurisdiction, establishing areas reserved for minors in prisons, decentralizing helplines and setting up an efficient system of birth registration with local authorities. Strengthened institutional capabilities and increased participation from child safeguarding stakeholders will be required for these projects to succeed. UNICEF will support training and posting of social workers and other professionals within child safeguarding structures.

30. Lack of understanding of relevant information is a major obstacle to the use of basic social services by the most vulnerable communities. Raising communities' awareness of the existence, role and mission of structures and bodies responsible for providing basic services (safeguarding, education, health and nutrition) will be carried out as necessary, particularly among the most disadvantaged communities. UNICEF will support the Government in developing and implementing social security policy: it will back local authorities in developing and implementing conditional cash transfers to facilitate the use of health, education and safeguarding services by the most vulnerable children. A vigorous plea will be made in favour of a budget increase for the education, health, child safeguarding and social inclusion sectors.

(iv) Cross-sectoral component

31. This component will contribute to the efficiency and effectiveness of the cooperation programme thanks to high-quality technical support in terms of raising financial resources, supplies, communication, coordination, disaster risk reduction (DRR) and strategic planning.

(d) Relationship to national priorities and the UNDAF

32. The Comoros-UNICEF cooperation programme contributes to the furtherance of the aims of SCA2D for the period 2015-2019. These contributions concern two of the four themes of SCA2D, i.e., strengthening access to basic social services and strengthening resilience of households (Theme 3); strengthening governance and capacities for institutional and human resilience (Theme 4). The two other themes concern acceleration, diversification and durability of growth and the support infrastructures for such growth. Equity, which forms the basis for the approach to the current programme, is also a vital component of SCA2D, which aims to improve the quality of life of the Comorian people in an equitable manner.

33. Comoros is a voluntary participant in the initiative "United in Action". In the framework of UNDAF, UNICEF, in collaboration with WHO, will be the main partner in the UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the group of outcomes connected to Theme 3 of SCA2D (basic social services). UNICEF will also contribute to the group of outcomes on governance, in collaboration with UNDP. Through an alliance within UNDAF, UNICEF will support the cross-sectoral Government platform combating malnutrition in children.

(e) Relationship to international priorities

34. The country programme covers each of seven themes of the UNICEF Strategic Plan for the period 2014-2017. Although most of the investments concern health, education and child safeguarding, UNICEF will also back the Government in its task of social budgeting and inclusion of the most disadvantaged communities. These efforts are consistent with the ambitions of the Development Programme for post-2015. The Convention on the Rights of the Child is the bedrock of the cooperation programme, which is also grounded on the Plan of Action that emerged from the declaration "A World Fit for Children", the United Nations Girls' Education Initiative, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Universal Periodic Review.

Major partnerships

35. The Ministry of Foreign Affairs maintains its role as the focal institution for the Comoros-UNICEF cooperation programme. The Planning Commission, for its part, supports strategic planning, coordination and review of outcomes. Partnership with the Ministries of Finance, Education, Justice and Health will be the driving force for implementation of the cooperation programme.

36. UNICEF will continue to support the expanded vaccination programme in close collaboration with the Japan International Cooperation Agency (JICA) and GAVI. It will pursue its collaboration with WHO, UNFPA, UNAIDS and the Global Fund in order to improve the health system, particularly in the fields of maternal,

neonatal and infant health and of HIV/AIDS. UNICEF will continue to manage and coordinate the GPE [Global Partnership for Education] and will collaborate closely with the Government (particularly the Ministries of Finance and Education), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the European Union, the French Cooperation Mission, the World Bank, Dubai Care, Educate a Child, and other key stakeholders in the sector, in order to improve access to teaching, the quality of education and school results.

Monitoring, evaluation and programme management

37. The components of the current cooperation programme hinge upon interventions aimed at eliminating obstacles in the sectors of health, education, safeguarding and social inclusion of children. Systems for recording and sustaining data from each sector will be harmonized and strengthened to enable staff of the services concerned (schools, health establishments and counselling services) to use statistics relating to the output in order to be able to follow the implementation of the programme on a regular basis. This information will be used to improve service provision and strengthen policies and strategies for implementation of the programme. These sector-by-sector actions will be supplemented by annual surveys covering all primary schools of Comoros, a survey on nutrition carried out every two years, a general census of population and housing in 2015, a Multiple Indicator Cluster Survey (MICS) in 2017, and an UNDAF evaluation in 2018. The mid-term review of the cooperation programme will be carried out in 2017 and will enable an assessment to be made both of progress achieved and changes that need to be made to the content of the interventions and strategies deployed. These activities will be consolidated within the Integrated Monitoring and Evaluation Plan for the programme.